

Conference Support Program (CSP) Proposal Form

1. Conference: General Information:

- a. Title:
- b. Location:
- c. Dates:
- d. Web Site:
- e. Publication plan for conference proceedings and copyright information (holder name and address):
- f. Approximate expected number of attendees (Domestic & Foreign):
- g. Organizer Contact Information:
 1. Full Name (as it appears on passport):
 2. Title (such as Dr. or Prof.):
 3. Organization Name (e.g. University):
 4. Branch Name (e.g. Department):
 5. Organization Address:
 6. Work Phone Number:
 7. Work Fax Number:
 8. Email Address:
 9. Home Address and Phone Number:

2. Conference: Technical Information:

- a. Purposes and Goals:
- b. Topics to be Covered:
- c. Technical Areas and/or Keywords:
- d. Relevance to USAF Programs (*Optional*):

3. Conference Organization:

- a. Organizing Committee Members:
- b. International Committee Members:
- c. List of US Government Representatives Scheduled to Attend (*if any*):

4. Preliminary Program (Include pre-conference meetings, technical tours, & post-conference activities):

5. Budget Information (We may not be able to support your conference if there are for-profit sponsors):

- a. Estimated Funding Requirement expected from AOARD (in US Dollars):
- b. Estimated Meeting expenses:

Description	Total (US\$)
Travel support for speakers	
Conference facility usage and consumables cost	
Proceedings	

Conference advertisement
Shipping, communication, & others
Website development
Conference administration
TOTAL

c. Estimated revenues:

Description	Total (US\$)
Sponsorships	
Miscellaneous Revenue	
Registration fees	
TOTAL	

d. List of Other Sponsors:

6. CSP Contractor Data:

If the CSP Contractor is different from the conference organizer, please provide the following information.

- Full Name (as it appears on passport):
- Title (such as Dr. or Prof.):
- Organization Name and Branch:
- Organization Address:
- Work Phone Number:
- Work Fax Number:
- Email Address:
- Home Address and Phone Number:

7. Information to issue payment:

Grant payment can be made either by check or electronics fund transfer (EFT) at your choice. Please fill in exactly one of the two sections below.

CHECK PAYMENT: Provide the check recipient name and mailing address as shown below:

- NAME (payable to) (limit to 35 characters, including spaces):
- ADDRESS LINE 1 (limit to 35 characters, including spaces):
- ADDRESS LINE 2 (limit to 35 characters, including spaces):
- CITY & POSTAL CODE (limit to 24 characters, including spaces):
- COUNTRY (limit to 24 characters, including spaces):

EFT PAYMENT: Provide the following bank information. Please note that the recipient will be responsible for any associated service charges.

- FULL NAME ON ACCOUNT (limit to 36 characters, including spaces)
- BANK NAME (with branch name):
- BANK ADDRESS:
- SWIFT CODE:
- ACCOUNT NUMBER: